



PATIENT

Ella Campbell

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

16 Years

WEIGHT

3 kg

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons),
DACVECC

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

The Cat Clinic
Hamilton

REFERRING VET

Dr. Adul Ahad

INVOICE

75333

DATE

5/21/26

PRESENTING CLINICAL SIGNS

Weight: 3.0 kg (significant weight loss was 7.18kg). Hydration Status: 8% dehydrated. Body Condition Score: 2.5/9. Oral/Dental: Severe dental tartar and gingivitis, particularly affecting the maxillary canine teeth, 108,208. Musculoskeletal: generalized muscle atrophy. Nails are long. Gastrointestinal: comfortable on palpation, no mass effect, no fluid wave. Feces palpated in colon, something hard palpated near the bladder !!! mass?

Abnormal PE/Chem/CBC/UA Results: Kidney values (BUN, Creatinine) were mildly elevated, consistent with Stage 2 kidney disease. - Calcium was slightly elevated. - Liver, pancreas, and electrolyte values were all within normal limits. - Thyroid level was in the high-normal range. - **Urinalysis:** - The urine was dilute, which is consistent with kidney disease. - No crystals or bacteria were present. - **Radiographs (X-rays):** - The heart and lungs appeared normal. - The spleen seemed slightly enlarged. - The left kidney appeared normal in shape and size. - The right kidney was not well-defined and had a questionable appearance. rads attached

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The left kidney a smooth capsule and with complete loss of corticomedullary definition. No evidence of pelvic dilation was present. Left kidney measures 3.32 cm.

The right kidney has a smooth capsule and with hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. No evidence of pelvic dilation was present. Within the mid body to caudal pole of the right kidney there is a roughly spherical heterogeneous mass measuring approximately 0.94 cm x 0.95 cm with spiculated areas of mineralization. Right kidney measures 3.21 cm.

Adrenal Glands

Adrenal glands are visualized and measured on still images only. Resolution is inadequate to assess glandular detail or confirm measurement. Left measures 0.28 cm in thickness.

Spleen

The spleen was normal with age appropriate homogeneous parenchyma and a smooth capsule with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

Liver

The liver is subjectively normal in size with normal contours and structure. There is age appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.

Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.



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Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The visible pancreas was observed to be largely isoechoic to surrounding omental fat.

Free Abdomen

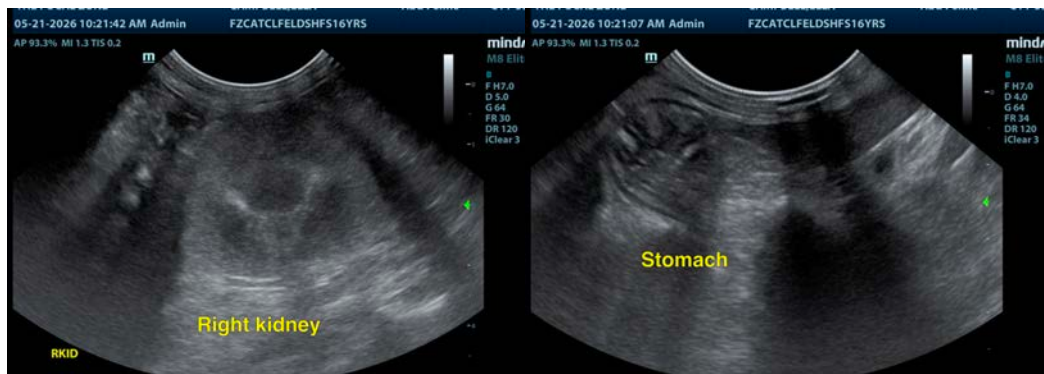
No clinically significant lymphadenopathy or abnormalities noted. No free fluid noted.

ULTRASONOGRAPHIC FINDINGS

- Right renal mass.
- Significant degenerative left renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Renal mass is most concerning for neoplasia and aspirate is recommended to further define. A non-neoplastic cause such as a degenerating renal cyst remains possible. No other cause for reported severe weight loss and dehydration is identified on this ultrasound. Renal carcinoma is the most common primary renal tumor in the cat. Other primary renal tumors include transitional cell carcinoma, adenoma, papilloma, hemangioma, leiomyoma, fibroma, lipoma, hemangiosarcoma, leiomyosarcoma, fibrosarcoma, osteosarcoma, myxosarcoma, malignant nephroblastoma. Renal metastasis can occur and consideration for renal lymphoma, or metastatic sarcoma, carcinoma, etc are possible. Thoracic radiographs and orthopedic evaluation for other possible primary tumors is recommended.





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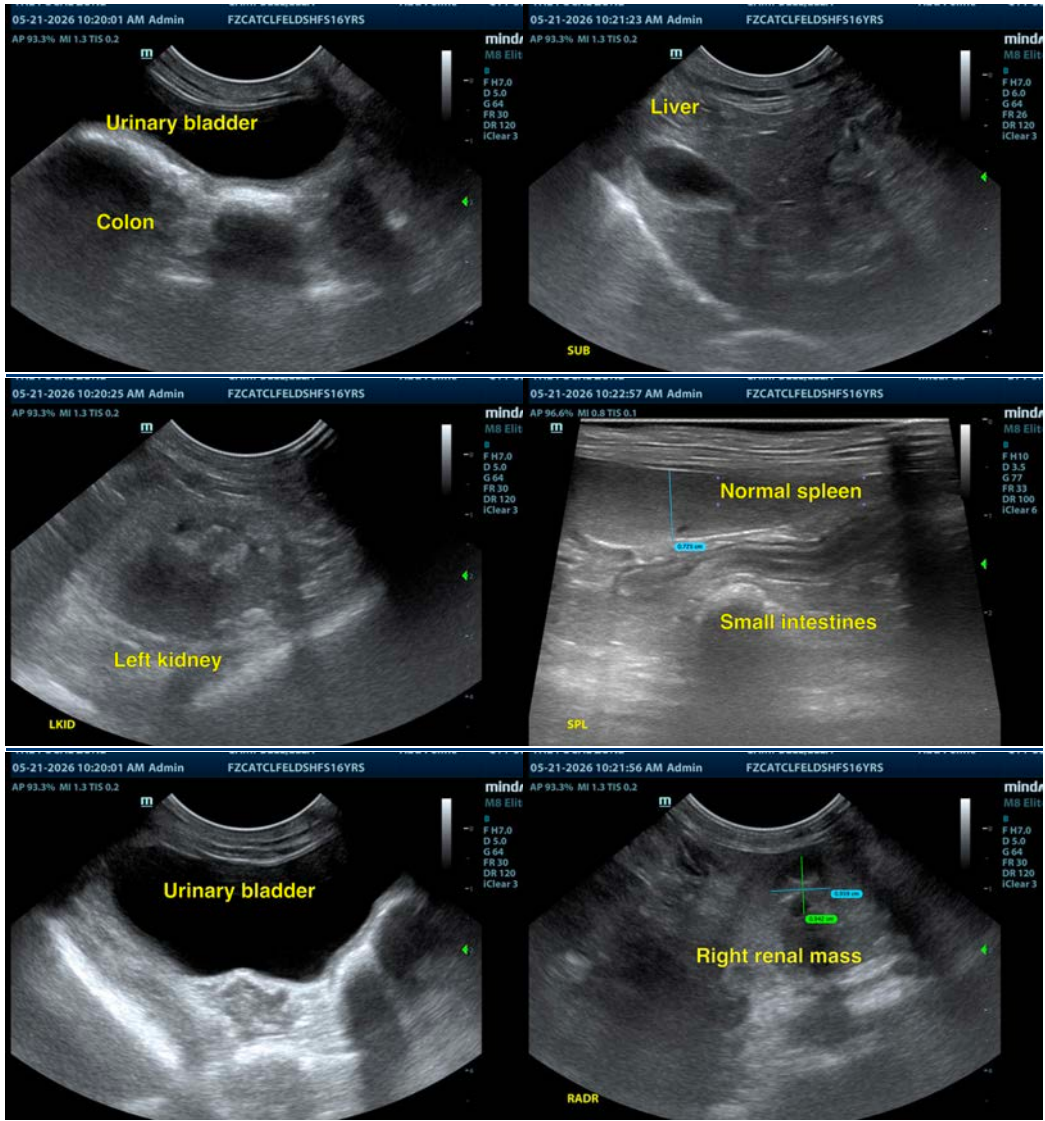
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Dr Brittany Sinclair, BVSc(hons), DACVECC

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